
MICHIGAN COMPREHENSIVE STATEWIDE NEEDS ASSESSMENT

**PROJECT EXCELLENCE
MICHIGAN STATE UNIVERSITY**

2023 MICHIGAN COMPREHENSIVE STATEWIDE NEEDS ASSESSMENT

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**Project Excellence:
A Program Evaluation Partnership**

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**2023 Comprehensive Statewide Needs
Assessment**

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EXECUTIVE SUMMARY

The Rehabilitation Act of 1973, as recently amended under the Workforce Innovation and Opportunity Act (WIOA), mandates that the designated state units and the State Rehabilitation Council (SRC) jointly conduct a Comprehensive Statewide Needs Assessment (CSNA) every three years. The Rehabilitation Act requires the CSNA to describe, at a minimum, the rehabilitation needs of individuals with disabilities (IWD) residing within the State, particularly the vocational rehabilitation needs of:

- A. Individuals with the most significant disabilities, including their need for supported employment services;
- B. IWD who are minorities;
- C. IWD who have been unserved or underserved by the state vocational rehabilitation (VR) programs;
- D. IWD served through other components of the statewide workforce development system as identified by those individuals and personnel assisting those individuals through the components of the system; and
- E. Students and youth with disabilities.

The 2023 CSNA project was developed and executed by an interagency committee comprising representatives from multiple organizations, including Michigan Rehabilitation Services (MRS), Bureau of Services for Blind Persons (BSBP), the Michigan Statewide Independent Living Council (SILC), the Michigan Council for Rehabilitation Services (MCRS), and additional service agencies (e.g., Michigan Workforce Development Agency, Michigan Department of Education, Veterans Affairs, Community Mental Health, Community Rehabilitation Organizations). By involving these diverse service agencies, the CSNA process was able to broaden its information and data collection efforts, enabling a comprehensive understanding of the extensive, multifaceted, and complex rehabilitation and employment needs of individuals with disabilities residing in Michigan.

The following data were collected and analyzed for the 2023 CSNA project:

- Michigan disability statistics (e.g., American Community Survey, Behavioral Risk Factors Surveillance Survey, Current Population Survey) and other state level agency data (e.g., Social Security Administration, Special Education, Workforce Development);
- Extant VR and IL data (i.e., RSA-911, Disability Network Annual Report);
- Surveys conducted with stakeholder groups (i.e., service agency staff, IWD and their family and friends); and
- Semi-structured key informant telephone interviews.

For the 2023 CSNA project, 52 key informants were interviewed. Additionally, 191 agency staff, 105 IWDs and 71 family members or friends of IWDs participated in the CSNA surveys designed to identify the availability and sufficiency of services for Michigan residents with disabilities in their local community.

UNSERVED OR UNDERSERVED POPULATIONS: NEEDS OR ISSUES

Listed below are the populations identified as unserved or underserved in the 2023 CSNA project. For each population, specific service needs or issues and effective strategies and recommendations as well as relevant disability statistics, extant data analysis results, and state level agency data are discussed.

Michigan Residents with Mental Illness (and/or Substance Abuse)

Michigan residents with mental illness who need mental health and supported employment services were the one population identified as both underserved and experiencing poor outcomes. A total of 154,227 individuals with mental illness, 2,454 with substance abuse disorder, and 16,708 with dual diagnosis of mental illness & developmental disabilities received services from CMHSP in FY 2019¹. Individuals with mental illness also receive a variety of services and supports (e.g., employment, independent living skill training) through MRS and Centers for Independent Living / Disability Network (CIL/DN).

According to the RSA-911 data, 2,716 (27.9%) of 9,723 participants who exited MRS in PY 2021 reported mental illness as their primary disability. While a higher proportion of customers with mental illness (86.5%) reported unemployment at Individualized Plan for Employment (IPE), compared to those without mental illness (60.7%), they were less likely to achieve an employment outcome at exit (46.5%) than their counterparts (62.0%). While the majority of BSBP customers have blindness or visual impairments, approximately 5% of them reported having mental illness as a secondary condition. Additionally, 10% of CIL/DN customers reported having mental/emotional disabilities.

In the staff survey, over 50% of agency staff indicated that “affordable mental health services” were unavailable and/or insufficient to meet the needs of individuals with mental illness in their respective service areas. Other needs and issues that emerged from key informants and agency staff are as follows:

- Lack of skills of individuals with mental illness (e.g., personal advocacy, disability management skills)
- Individuals with mental illness having limited or no work history and/or not addressing co-occurring conditions
- Lack of mental health services available (including psychoeducation, health services)
- Issues concerning staff and providers (e.g., lack of expertise, high turnover rate)
- Negative attitudes towards individuals with mental illness
- Disconnect between policy and service delivery

In relation to the issues or needs, several effective strategies or recommendations were provided,

¹ Source: Michigan Department of Health & Human Services. Report for Section 904: Community Mental Health Service Programs: FY 2019. Retrieved from <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/reportsproposals/cmhsp-sub-element-cost-reports-for-section-904>

as follows:

- Address client-specific concerns and needs
- Develop stronger working alliances and address client-specific concerns and needs (e.g., utilization of a trauma-informed practice when providing work-based learning/job development services)
- Provide one-on-one employment services (e.g., job coaching) which is effective
- Use technology and innovation to expand agency initiatives and services
- Expand funding for mental health services for individuals with mental illness
- Implement new strategies for serving diverse populations
- Collaborate with different community partners (e.g., high schools, colleges/universities, businesses/employers, health network agencies)
- Share and expand local employment programs identified as promising or effective for this population

Cultural Minority Residents with Disabilities

Cultural minority groups include: Hispanic/Latino residents specifically in the mid and southwestern section of Michigan; Black/African American, Native Americans in the Upper Peninsula and Northern Michigan; and Asian or Pacific Islanders, specifically Arab Americans in the southeastern part of the state. In addition, some key informants and agency staff also discussed needs and challenges of the immigrants and refugees.

According to the 2021 American Community Survey (ACS), 74.1% of non-institutionalized Michigan residents with disabilities are White, 16.1% Black/African American, 0.7% Native American, 1.5% Asian or Pacific Islander, 1.6% other racial groups, and 6.1% multiracial. In addition, 4.0% of non-institutionalized Michigan residents with disabilities are Hispanic origin.

According to 2021 ACS report, 33.6% of non-institutionalized Hispanic (with or without disabilities) reported they spoke English less than “very well.” Furthermore, Hispanic composition rate in the Wayne county is 4.1% (vs. 2.5% in Oakland; 1.5% in Macomb county). The percentage of limited English proficiency for each county was 35.8%, 37.7%, and 28.5%, respectively.

Furthermore, the 2021 ACS² estimates that 1.6% of Michigan residents (the estimated number of 170,887) identify their ancestry as Arab. Of them, 39.1% reported they spoke English less than “very well.” Wayne county is composed of 6.6% Arab residents (vs. 2.9% in Macomb and 1.5% in Oakland county). According to the Arab American Institute (2023), Michigan had the second highest Arab American population, and Detroit is one of the top five metropolitan areas with Arab American populations. Unfortunately, no disability prevalence rate for Arab Americans is available.

When compared to the 2021 ACS, which estimated that 16.1% of Michigan residents with disabilities were African American, this racial group is not currently considered un-served in

²Source: U.S. Census Bureau, 2021 ACS, Table C16001; <https://data.census.gov/>

MRS (24.7%) and BSBP (29.6%). Based on the 2021 ACS estimate of 4.0% of Hispanic/Latino with disabilities in Michigan, this ethnic group does not appear un/underserved by VR agencies: MRS (3.8%) and BSBP (4.7%). The Asian/Pacific Islander rate of 2021 MRS customers (1.3%) is lower than the Michigan general population estimate (i.e., those with and without disabilities) of the 2021 ACS report (3.2%).

The majority of customers who exited MRS in PY 2021 were White, no-Hispanic origin (70.0%), followed by African American (24.7%), Native American (1.1%), Asian or Pacific Islander (1.3%), and multiracial (2.5%); a third (33.3%) of them were racial/ethnic minorities. Discrepancies in VR process and outcome rates between racial groups were observed. For example, White (63.3%) customers were more likely to achieve a CIE/SE outcome than multiracial (42.7%) and Native Americans (46.3%).

The majority of customers who exited BSBP in PY 2021 were White, no-Hispanic origin (59.2%), followed by African American (29.6%), Asian or Pacific Islander (3.3%), multiracial (0.9%) and Native American (0%); approximately 40% of them were racial/ethnic minorities. Compared to the average CIE/SE rate (41.1%), White (45.9%) customers were more likely to achieve a CIE/SE outcome than African American (29.8%).

In addition to common needs identified for the general disability group (e.g., transportation, housing), some unique needs and challenges for racial/ethnic minorities included:

- Language barriers
- Difficulty accessing services (e.g., lack of awareness about agency services, unwillingness to seek help, distrust of government agencies)
- Difficulty transferring education and training to U.S. workforce
- Communication/language barriers of staff (e.g., lack of qualified interpreters or bilingual staff)
- Lack of culturally sensitive services (especially, services for refugees or specific racial groups)

Also, it should be noted that racial, ethnic or cultural characteristics are often intertwined with other factors, such as low socio-economic status (e.g., transportation issues) and low level of education. Meanwhile, unique issues for Native Americans with disabilities, especially living on reservations, included higher rates of disability, unemployment, substance abuse, suicide, diabetes, and mental health issues.

Based on the issues raised above, the following recommendations were made.

- Engage cultural minorities in advocacy
- Hire bilingual staff or staff from the cultural community
- Provide professional development training (e.g., multiculturalism counseling, inclusion & diversity training) to staff
- Develop outreach strategies, crucial components to successful results with the culturally minority consumers

- Develop liaisons with other agencies to strengthen cross-agency collaborations with core and strategic partners
- Conduct needs assessments to better identify and address barriers and service gaps at the local level

Individuals with Intellectual and Developmental Disabilities (IDD)

Individuals with autism have been identified as an emerging and un- or underserved population in Michigan in the past (2011- 2020) CSNA projects; however, this group was not identified in 2023. Instead, a number of staff and key informants identified individuals with IDD as an underserved population.

According to the PY 2021 data, 41.4% of the MRS participants (who exited MRS in PY 2021) had the primary impairments caused by: Attention-Deficit Hyperactivity Disorder (ADHD; 5.3%), autism (9.6%), cerebral palsy (CP; 0.9%), congenital condition or birth injury (6.1%), intellectual disabilities (ID; 7.3%), and learning disabilities (LD; 12.3%). The overall CIE/SE rate was 49.5% [43.2% for those with ADHD, 54.4% with autism, 56.2% with CP, 68.8% with congenital condition or birth injury, 45.8% with ID, and 41.4% with LD]. It appeared the individuals with ID, LD, and ADHD were less likely to achieve an employment outcome.

When 3,859 students and youth participants (younger than 26 years at application) with LD, autism, ADHD, or ID, as one group, the most frequent causes/sources of disabilities included LD (34.4%), ASD (22.2%), ADHD (23.5%), and ID (14.0%). Compared to the overall CIE/SE rate of 43.0% for students and youth with disabilities, the ASD group (51.8%) showed the highest CIE/SE rate, followed by ADHD (43.5%), LD (40.6%), and ID (39.1%) groups.

The following issues or needs were raised, specifically for IDD, by the agency staff and key informants.

- Lack of social and daily living skills
- Being underemployed or underpaid
- Lack of family involvement and support
- Lack of breadth and depth of services (e.g., employment, assessment)
- Lack of qualified professionals
- Time-consuming service processes
- Lack of outreach
- Negative attitudes or misunderstanding toward individuals with disabilities

As the issues displayed encompass a variety of stakeholders, a wide scope of strategies was recommended, as follows:

- Develop and provide individualized/customized supports (e.g., peer mentoring programs, positive behavioral supports, on-site job coaching, natural supports in the community and at job sites)
- Provide comprehensive training, not only social, communication and employability skills training, but also sexual health education

- Educate individuals with IDD and their families.
- Develop and implement advocacy and outreach strategies
- Provide education and training to professionals
- Secure more funding.
- Collaborate with other agencies (e.g., Michigan Interagency Transition Team, Developmental Disabilities Council, state VR agencies, advocacy groups, colleges/universities)

Students and Youth with Disabilities

The recently amended Rehabilitation Act of 1973 by Title IV of WIOA underscores the need for provision of Pre-employment transition services (Pre-ETS) for students with a disability. Consistent with the previous CSNA results, students and youth with disabilities was also identified as an un/underserved population in 2023.

The Michigan School District Report indicates that 2020-21 graduation rate for students with disabilities was 57.0% (excluding certificate of completion) which is significantly lower than that of students without disabilities (83.6%). Conversely, the dropout rate for students with disabilities (12.7%) was higher than the rate of their counterparts (7.0%). Compared to students with and without disabilities, there was still a big gap in terms of graduation and dropout rates.

According to the IDEA Section 618 report, top five diagnostic categories who received special education, aged 12 to 21 years, during the school year of 2020-2021 were: specific learning disabilities (41.4%), other health impairments (18.9%), intellectual disabilities (11.4%), autism (11.2%), and emotional disturbance (7.9%). Over the three-year period, there was a steady but constant decrease in a proportion of students with specific learning and intellectual disabilities. However, an opposite trend was observed among students with other health impairments.

In regard to the exit status of those aged 14-21 years, a higher proportion of students with visual impairments, orthopedic impairments, or specific learning disability exited special education with regular diploma while a high percentage of students with intellectual disabilities received a certificate. In addition, a higher dropout rate was found in those with multiple disabilities, emotional disturbance, intellectual disabilities, and other health impairments.

In the VR agencies, students or youth customers, ages younger than 25 years at application, represented 38.5% of MRS and 31.5% of BSBP customers who exited during PY 2021. Both agencies have shown a consistent trend that young customers were most likely to be determined eligible but least likely to achieve an employment outcome, compared to adults. In fact, their competitive and integrated employment or supported employment (CIE/SE) rate was lower (43.0% for MRS; 24.1% for BSBP) than that of adults (67.2% for MRS and 48.1% for BSBP).

It should be noted that a slightly higher gender discrepancy in the CIE/SE rate between students/youth with disabilities, compared to adults, has been seen over the years. For example, there was a higher proportion of male students and youth (61.8%) than female (37.6%) in MRS. While the eligibility (93.9% male vs. 92.5% female) and participation rates (83.5% vs. 84.4%, respectively)

were similar, male participants (44.2%) were slightly more likely to have a successful employment outcome than female participants (41.2%).

Several agency staff and key informants identified students and youth with disabilities as an underserved group and elaborated their needs and issues. The commonly addressed issues are as follows:

- Inadequate skills training programs
- Limited access to services and resources
- Difficulty navigating multiple systems
- Inadequate staffing
- Need to improve pre-employment transition services (PRE-ETS)
- Service discrepancies across agencies and local offices
- Lack of interagency collaboration

The following strategies were recommended to help students with disabilities to achieve their employment and postsecondary education goals:

- Better engage students and youth using an individualized approach
- Develop and provide a variety of transition services and programs
- Educate and support stakeholders (e.g., families, school teachers)
- Provide professional development training and quality supervision to staff
- Focus on community outreach
- Improve interagency collaborations
- Improve systemic issues on service discrepancies

Returning Citizens

According to a report published in 2021 by the Bureau of Justice Statistics³ using the 2016 Survey of Prison Inmates, an estimated 38% of all state and federal prisoners reported having at least one disability. The most frequently reported type of disability among both state and federal prisoners was cognitive disability (23.0%), followed by ambulatory (12%) and vision (11%) disabilities.

Focusing on mental health problems, Maruschack, Bronson, and Alper (2021)⁴ found that 13% of all state and federal prisoners experience serious psychological distress (SPD) during the 30 days prior to their interview. Major depressive disorder was most commonly reported with 27% of state and 14% of federal prisoners. Females and White were more likely to meet the threshold for SPD. Prescription medication was the most common treatment type for prisoners and jail inmates who met the threshold for SPD. In addition, approximately, 43% of state and 23% of federal prisoners had a history of a mental health problem.

³ Maruschak, L., Bronson, J., & Alper, M. (2021). Disabilities reported by prisoners, Bureau of Justice Statistics. Bureau of Justice Statistics.

⁴ Maruschak, L., Bronson, J., & Alper, M. (2021). Indicators of mental health problems reported by prisoners. Bureau of Justice Statistics.

According to the PY 2021 data, 694 (7.1%) of MRS participants reported they were a returning citizen. The majority of them were male (81.3%), White (42.2%) or African American (54.0%), having psychosocial (26.6%) or other mental impairments (69.0%), 26 to 54 years old at application (67.8%) and not working at the time of the individualized Plan for Employment (84.1%). The employment rate of customers who reported meeting the definition of an ex-offender was 40.2%, lower than the average CIE/SE rate of 59.1%.

The unsuccessful transition from incarceration to community living and negative public attitudes, specifically employer attitudes, were raised as the primary concern for this population. Additional concerns included: unavailability or lack of housing and transportation, lack of personal capital, lack of community services, and policies that create barriers to employment.

Many agency staff and informants also mentioned this population as a group unserved or underserved and needing more support and services. Considering the characteristics of the population, it is essential to provide services that would make transition from incarceration to community living successful. Public attitudes, specifically employer attitudes, will be also associated with successful community integration. Additional issues are described below.

- Low motivation to work and difficulty following through
- Insufficient support and resources for community living (e.g., housing, transportation)
- Limited staff knowledge/skills to work with this population
- Lack of employment opportunities
- Negative employer or public attitudes

An informant from the Department of Corrections noted that working as a treatment team and providing regular follow-up (e.g., home calls, presence in community) after discharge were effective strategies. Service agencies should also remain cognizant of specific legal requirements when working with this population. Other recommendations are as follows:

- Provide individualized services focusing on individual needs and strengths
- Revisit and modify policies to improve service
- Train professionals
- Collaborate and promote partnerships with community agencies and leverage services and resources (e.g., SSA, state agencies, local partners)
- Develop partnerships with employers and educate them

Individuals with Blindness or Visual Impairments

Over the past two performance years, a total of 453 (240 in PY 2020; 213 in PY 213) individuals with blindness or visual impairments exited BSBP. Of those who exited BSBP during PY 2021, 47.9% were male, and 59.2% and 29.6% were White with no Hispanic origin and African American, respectively. Regarding their ethnicity, 4.7% were Hispanic/Latino. Slightly less than a third of customers (31.5%) were students and youth with disabilities (younger than 26 years), and 8.0% were over 65 years of age at application. In addition, 54.5% reported receiving Social Security cash benefits at application.

Of a total of 213 VR customers who exited BSBP in PY 2021, 177 (83.1%) were determined eligible. Of the eligible customers (n=177), 82.5% initiated VR services based on their IPE (participants). In the same way, 41.1% (n=60) of the participants achieved a CIE/SE. Compared with the average CIE/SE rate (41.1%), a lower proportion of BSBP participants with the following factors achieved an employment outcome: male, African American, Hispanic, students and youth, those without high school diploma, and those having secondary disabilities (e.g., physical, cognitive impairments). Individuals with the following barriers to employment also showed a lower CIE/SE rate: long-term unemployment, low income, and cultural barriers.

Multiple key informants mentioned unmet needs for Michigan residents with blindness and visual impairments. While the current legislation does not accept homemakers as a successful employment outcome, some customers with blindness and visual impairments (e.g., the aged) still need services for their independent living skills, instead of obtaining competitive employment. In addition to the VR outcomes, the following issues were discussed by agency staff and informants for this population:

- Lack of services and support based on individual needs
- Lack of accessibility
- Limited transportation

A couple of recommendations were made in serving individuals with blindness and/or visual impairments.

- Provide useful resources or training (e.g., early training for assistive technology literacy; self-advocacy training)

Veterans with Disabilities

According to 2021 ACS⁵, there were 474,645 civilian veterans, ages 18 years and above, living in Michigan. While ACS estimates 31.1% of a disability prevalence rate, approximately 21.5% (n=101,939) had a record for the Veterans Affairs service-connected disability rating. Of those, 40,125 (39.4%) had the most severe service-connected disability rating (70% or higher).

Regardless of the disability status, the labor force participation rate of the working-age veterans (n=381,528; 18-64 years) was 76.9%, and their unemployment rate was 5.2%. In addition, the poverty rate of civilian veterans, ages 18 years and above, living in the community was 7.6%, while that of non-veterans was 12.0%.

In PY 2021, 300 (3.1%) of the 9,723 MRS customers who exited were identified as veterans. Concerning their VR process and employment outcomes, the PY 2021 CIE/SE (59.0% vs. 59.1%) and participation rates (both 74.1%) were almost same, but their eligibility rate (82.1% vs. 87.8%) was lower, compared to non-veterans.

⁵ Source: ⁵Source: U.S. Census Bureau, 2021 ACS, Table B21100 & Table S2101; <https://data.census.gov/>

It has been reported that veterans with disabilities have a high prevalence of post-traumatic stress disorder (PTSD), which is often undiagnosed or untreated. In fact, according to a review study⁶, the prevalence rate of combat-related PTSD in US military veterans since the Vietnam War ranges from about 2% to 17%, and combat-related PTSD afflicts between 4% to 17% of US Iraq War veterans. Key informants and agency staff also identified a high prevalence of post-traumatic stress disorder, which is often undiagnosed or untreated, as an area of concern for veterans with disabilities. Lack of access to mental health services was also provided as an area of concern. Described below are other issues raised by the respondents for veterans with disabilities.

- Difficulty accessing service systems (including mental health services for PTSD)
- Not enough wraparound services
- Perpetuation of social stigma and stereotypes
- Limited resources for affordable housing for homeless veterans

Several effective strategies and recommendations were made as follows:

- Address client-specific concerns and needs
- Develop partnerships and collaboration among agencies (e.g., VA, MRS, CMHSP, and CIL)
- Increase access to information and resources via call centers, online mental health screening services, and free counseling services to have a positive impact on veterans who are unaware of services available in their community
- Develop peer support programming

Other Underserved Groups

Other populations identified as unserved or underserved by a couple of agency staff or key informants, such as homeless population, those with physical/multiple disabilities, and deaf/hearing impairments. More detailed needs or issues of those other groups will be found in Chapter 3 and Chapter 4.

Common Issues or Needs

The descriptions above highlight a range of issues and needs for each unserved or underserved population with disabilities. While some of these needs are specific to certain populations, several of them reflect the collective needs of individuals with disabilities (IWDs) as a whole, regardless of their disability type or background characteristics. These findings align closely with the conclusions drawn from the previous CSNA reports.

- IWD: Basic Needs Unmet and Lack of Skills
- IWD: Limited Access to Services or Lack of Services/Resources
- Transportation Issues, especially in the rural areas
- Staffing Issues with a High Turnover Rate and Lack of Expertise
- Inadequate Interagency Collaboration

⁶Source: U.S. Census Bureau, 2021 ACS, Table B21100 & Table S2101; <https://data.census.gov/>

- Shortage of Community Outreach

Perceived Level of Service Needs by Survey Participants

A total of 191 agency staff, 105 IWD and 71 family members or friends participated in the CSNA survey designed to identify the availability and sufficiency of services for Michigan residents with disabilities in their local community. Overall, high unavailability rates were observed in general services such as non-public transportation (e.g., cabs, rental cars), affordable accessible housing, and adult day care services, followed by independent living services, including support to develop independent living skills, connecting to other individuals with disabilities, supports to transition from school to adult life, assistance with accessing transportation, assistance with locating recreational programs, and assistance with finding affordable and accessible housing. Also, the services for specific subgroups of IWDs (e.g., services for those with blindness or low vision, culturally relevant services, rehabilitation technology services) appeared to be less acknowledged in both groups of IWDs and family members or friends.

Geographic Implications

When evaluating the unmet needs of individuals with disabilities, it is crucial to consider the geographic implications to ensure fair and equal access to services. Several key informants highlighted the significance of geographic factors, such as resource availability, transportation, and access to technology, in meeting the needs of individuals with disabilities across different areas. Rural regions often encounter difficulties due to limited infrastructure, service providers, businesses, and resources. Conversely, urban areas present challenges related to issues like poverty, low education/literacy rates, and inequality. Nevertheless, both rural and urban areas face long-standing barriers concerning healthcare and transportation accessibility. Although limited internet connectivity and restricted technology access have traditionally posed primary challenges in rural areas, the Covid-19 pandemic reshaped the work landscape, allowing remote work to become a prevalent option. This unexpected shift resulted in the expansion and improvement of internet connectivity in rural areas.

Future Trends

In addition to the on-going issues and needs of IWD identified, the number of agency staff and key informants also provided their perspectives on future trends in serving IWD effectively and efficiently. Twenty-five key informants described a variety of future trends organized around five primary themes, such as technology, education & training, collaboration, and inclusion & social justice.

First, the majority of key informants expressed positive views on technological advancements and emphasized the importance of prioritizing their use to improve access to services, provide remote support, and create employment opportunities for individuals with disabilities. Examples included artificial intelligence, assistive technology, automated vehicles, smartphone apps, and GPS systems designed to promote independent living and community integration for individuals with disabilities. The COVID-19 pandemic has also increased technology exposure for people in general, even in rural areas, opening up more options for counseling services such as tele-counseling and remote case management based on personal preferences

Seconds, key informants provided insights on future trends in education and training for individuals with disabilities. Inclusive education was highlighted as a crucial aspect, emphasizing the use of technology and appropriate staff training to create supportive and inclusive environments in general education classrooms (e.g., Universal Design for Learning). Another frequently mentioned theme was the "60 by 30" plan, which aims to increase the percentage of working-age adults with a skill certificate or college degree to 60% by 2030. Aligned with this initiative, individuals with disabilities should have access to post-secondary education and training, with efforts made to explore different career options and provide encouragement. It is worth noting that the Workforce Innovation and Opportunity Act (WIOA) also prioritizes credential attainment and measurable skill gains, making individuals with disabilities no exception.

In addition to education, key informants emphasized the importance of continuous training for individuals with disabilities to be effective in areas such as benefits counseling, advocacy, self-determination skills, social-communication skills, health and wellness, and technology. They highlighted the need for a credentialed workforce, leading to the development of short-duration certificate programs, vocational training, and postsecondary education opportunities.

Third, given the challenges posed by limited funds, resources, and professionals, many key informants identified partnerships and collaborations as essential future needs and trends in serving individuals with disabilities. Efforts should be made at both administrative and practitioner levels to develop Memorandums of Understanding (MOUs) among agencies and expand networks at the local level. The desired outcomes include employment opportunities and community-based services. Key informants emphasized the need to prioritize employment for individuals with disabilities, providing training on navigating employer systems, teaching emotional regulation and social skills, and fostering partnerships with businesses. Moreover, there was a call for expanding community-based services to cater to the specific needs of individuals with disabilities, including employment support and capacity building.

Fourth, comprehensive support is crucial for the success of individuals with disabilities in the community. Key informants stressed that core services should remain consistent in the future, with professionals assessing basic needs and barriers (e.g., housing, transportation, accommodations) and streamlining the service delivery process to improve outcomes. They also highlighted the importance of inclusion, intersectionality, and cultural sensitivity in service provision, calling for more discussions on race intersectionality, increased cultural sensitivity, and counselor training focused on awareness and inclusivity.

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INTRODUCTION

The Rehabilitation Act of 1973, as recently amended under the Workforce Innovation and Opportunity Act (WIOA), mandates that the designated state unit and the State Rehabilitation Council (SRC) jointly conduct a Comprehensive Statewide Needs Assessment (CSNA) every three years. The Rehabilitation Act requires the CSNA to describe, at a minimum, the rehabilitation needs of individuals with disabilities residing within the State, particularly the vocational rehabilitation needs of:

- A. Individuals with the most significant disabilities, including their need for supported employment services;
- B. Individuals with disabilities who are minorities;
- C. Individuals with disabilities who have been unserved or underserved by the state vocational rehabilitation (VR) programs;
- D. Individuals with disabilities served through other components of the statewide workforce development system as identified by those individuals and personnel assisting those individuals through the components of the system; and
- E. Youth and students with disabilities.

In addition, an assessment of the need to establish, develop, or improve community rehabilitation programs within the State should be included in the CSNA. The results are to be included in the vocational rehabilitation portion of the Unified or Combined State Plan.

INTERAGENCY CSNA COMMITTEE

The 2023 CSNA project was designed and implemented by an interagency committee composed of representatives of Michigan Rehabilitation Services (MRS), Bureau of Services for Blind Persons (BSBP), the Michigan Statewide Independent Living Council (Mi-SILC), the Michigan Council for Rehabilitation Services (MCRS) and other service agencies (e.g., Michigan Works!, Community Mental Health). The inclusion of other service agencies in the CSNA process extended the scope of information and data collection to identify the extensive, multifaceted and complex rehabilitation needs as well as employment needs of Michigan residents with disabilities.

The interagency CSNA committee initially formed in August 2022 for the 2023 CSNA project. The committee consisted of representatives of each agency listed above, and Project Excellence (PE) at Michigan State University. PE staff provided consultation services to the committee and was responsible for data collection, analyses, and the development of the report. The *RSA VR Needs Assessment Guide* was the primary resources used to guide the work of the committee. After reviewing these materials, the committee developed the project plan which included identifying specific project goals, instruments, data collection methods, and timelines for data collection procedures, report development and dissemination.

Definitions of Unserved and Underserved

The definitions used to determine if a population of individuals with disabilities is unserved or underserved by the public vocational rehabilitation (VR) agencies or the Centers for Independent Living (CIL) are:

Unserved – any category of individuals with disabilities (of working age, interested in working) in the state’s population that are not receiving VR or IL services from BSBP/CIL/MRS.

Underserved – the percentage of those served by BSBP/CIL/MRS that is less than the percentage of the group in the general population.

Specific Goals for 2023 CSNA

In addition to the federally mandated requirements stated above for the vocational rehabilitation programs, the 2023 CSNA committee established specific goals or target populations of Michigan residents with disabilities which include the identification of the:

- Potential unmet needs of individuals with specific types of disabilities (e.g., mental illness, developmental disabilities, blindness or visual impairments, multiple disabilities);
- Potential unmet needs of cultural minorities (e.g., Mid-Eastern/Arab)
- Potential unmet needs of students and youth;
- Potential unmet needs of veterans;
- Potential unmet needs of returning citizens;
- Potential unmet needs of those in poverty (incl. homeless);
- Potential unmet needs of LGBTQs, Domestic Violence Survivors, Rural/Metropolitan Area Residents; and
- Independent living needs of Michigan residents with disabilities

Data Collection and Reporting Methods

After individually reviewing the instruments used in 2017, initially developed to collect and track the service needs of people with disabilities at the local level based on the *RSA VR Needs Assessment Guide*, the CSNA committee members provided some suggestions for modification. PE integrated all feedback and finalized the survey questions.

This CSNA project employed several data collection methods, including:

- Michigan disability statistics (e.g., American Community Survey, Behavioral Risk Factors Surveillance Survey, Current Population Survey) and other state level agency data (e.g., Social Security Administration, Special Education, Workforce Development);
- Extant VR and IL data (i.e., RSA-911, RSA-704);
- Surveys conducted with stakeholder groups (i.e., service agency staff, individuals with disabilities and their family and friends); and

- Semi-structured key informant telephone interviews.

Report layout

In addition to the executive summary and introduction, this CSNA report consists of five chapters. The Executive Summary summarizes and prioritizes the needs of Michigan residents with disabilities based on the data collected, analyzed, and reported in the remaining five chapters. Each chapter of the report is designed to be a standalone document that can be disseminated as appropriate.